

STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION

COPY

REQUEST FOR REGISTRATION TERMINATION

I (We) DENNIS TRIGLIA / TRIGLIA FOR STATE HOUSE, hereby notify the  
Print Name of Candidate, Noncandidate Committee or State and County Contractor

Campaign Spending Commission ("Commission") of (my) ~~(our)~~ desire to terminate registration with the Commission for the following reasons:

1. (I) ~~(We)~~ will no longer be receiving any contributions or making any expenditures reportable to the Commission under law;
2. The balance of (my) ~~(our)~~ campaign fund is zero. (No Surplus);
3. There are no unpaid expenditures to be paid. (No Deficit);
4. There are no outstanding loans from others to be paid by the Candidate Committee. (No Deficit);
5. There are personal outstanding loans owed to myself (candidate) and I do not wish to be reimbursed by the Candidate Committee. The outstanding loans by myself (candidate) should be considered as a non-reimbursable contribution to my Candidate Committee.

I hereby certify that the information on this report is true, correct and complete statements to the best of my knowledge.

*Dennis Triglia*

Signature of Candidate, Committee Chairperson of Noncandidate Committee or  
State and County Contractor

*11/27/2004*

Date

FOR OFFICE USE ONLY

Reviewed and Approved By

Date

RECEIVED

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CAMPAIGN SPENDING  
COMMISSION